



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| SERIAL NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
|---------------|-------------|-----------------------|------------------|
|---------------|-------------|-----------------------|------------------|

07/990,854 12/11/92 DARBEE P 92032

VIGIL & HANRATH
836 SOUTH NORTHWEST HWY.
BARRINGTON, IL 60010-4683

0000

DATE MAILED:

01/15/93

**NOTICE TO FILE MISSING PARTS OF APPLICATION—
NO FILING DATE**

(Attachment to Form PTO-1123)

In order to avoid payment by applicant of the surcharge required if items 1 and 3-6 are filed after the filing date the following items are also brought to applicant's attention at this time.

If all missing parts of this form and on the "Notice of Incomplete Application" are filed together, the total amount owed by applicant as a ☒ large entity ☐ small entity (verified statement filed) is \$ 710⁰⁰.

1. ☒ The statutory basic filing fee is: ☒ missing ☐ insufficient. Applicant as a ☒ large entity ☐ small entity must submit \$ 710⁰⁰ to complete the basic filing fee and **MUST ALSO SUBMIT THE SURCHARGE, IF REQUIRED, AS INDICATED BELOW.**

2. ☐ Additional claim fees of \$_____ as a ☐ large entity, ☐ small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due. **NO SURCHARGE IS REQUIRED FOR THIS ITEM.**

3. ☐ The oath or declaration:

☐ is missing.

☐ does not cover items required on the "Notice of Incomplete Application".

An oath or declaration in compliance with 37 CFR 1.63, referring to the above Serial Number and Receipt Date is required. A SURCHARGE, IF REQUIRED, MUST ALSO BE SUBMITTED AS INDICATED BELOW.

4. ☐ The oath or declaration does not identify the application to which it applies. An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Serial Number and Receipt Date is required. A SURCHARGE, IF REQUIRED, MUST ALSO BE SUBMITTED AS INDICATED BELOW.

5. ☐ The signature to the oath or declaration is: ☐ missing; ☐ a reproduction; ☐ by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, referring to the above Serial Number and Receipt Date is required. A SURCHARGE, MUST ALSO BE SUBMITTED AS INDICATED BELOW.

6. ☐ The signature of the following joint inventor(s) is missing from the oath or declaration:

_____. Applicant(s) should provide, if possible, an oath or declaration signed by the omitted inventor(s), identifying this application by the above Serial Number and Receipt Date. A SURCHARGE, IF REQUIRED, MUST ALSO BE SUBMITTED AS INDICATED BELOW.

7. ☐ A \$20.00 processing fee is required for returned checks. (37 CFR 1.21(m)).

8. ☐ Other:

\$130⁰⁰

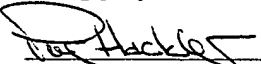
\$65⁰⁰

Required items 1-7 above SHOULD be filed, if possible, with any items required on the "Notice of Incomplete Application" enclosed with this form. If concurrent filing of all required items is not possible, items 1-7 above must be filed no later than two months from the filing date of this application. The filing date will be the date of receipt of the items required on the "Notice of Incomplete Application." If items 1 and 3-6 above are submitted after the filing date, THE PAYMENT OF A SURCHARGE OF ~~\$110.00~~ for large entities, or ~~\$55.00~~ for small entities who have filed a verified statement claiming such status, is required. (37 CFR 1.16(e)).

Applicant must file all the required items 1-7 indicated above within two months from any filing date granted to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

Direct the response to, and any questions about, this notice to the undersigned, Attention: Application Branch.

A copy of this notice MUST be returned with response.


For: Manager, Application Branch
(703) 557-3254 308-1202

FORM PTO-1512 (REV. 7-87)

OFFICE COPY

For Office Use Only

| | |
|------------------------------|------------------------------|
| <input type="checkbox"/> 102 | <input type="checkbox"/> 202 |
| <input type="checkbox"/> 103 | <input type="checkbox"/> 203 |
| <input type="checkbox"/> 104 | <input type="checkbox"/> 204 |
| <input type="checkbox"/> 105 | <input type="checkbox"/> 205 |